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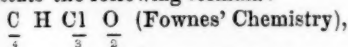
THE USE OF HYDRATED CHLORAL IN INSANITY.

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From the best authenticated resources within our reach, bearing upon the history of chloral, we glean that a period of more than thirty years has elapsed since it was first known, and its discovery is attributed to Liebig.

Chloral, the chemical composition of which presents the following formula:



is made by passing into absolute alcohol, to saturation, perfectly dry chlorine. The process is completed by subsequent distillation.

Chloral is a thin, oily, colorless liquid, of peculiar and penetrating odor, which excites tears; it has but little taste. By the addition to this liquid of a small proportion of water it becomes hydrated, and we have presented to us the drug under consideration—hydrated chloral. The hydrate assumes a solid and crystalline form, comes to us in irregular fragments, rather tenacious in structure, slow to yield to moderate force, and superficially bears a resemblance to carbonate of magnesia. The last article, however, which we have just received is of a more compact consistency and presents the appearance of camphor. It is very "soluble in water, thirty grains dissolving in forty of water, giving a neutral solution when pure—not affected by acids; but very readily decomposed by any caustic alkali, and thus liberating chloroform." It has a strong, fragrant, characteristic odor, and a warm, pungent, and not unpleasant taste, not altogether

unlike a peculiar bitter principle contained in the walnut.

To Dr. Oscar Liebreich, of Berlin, Prussia, is the honor due of having introduced this substance to the profession, and to whose experiments we are indebted for its present uses.

The therapeutic value of hydrated chloral will appear in the cases I now propose to present. I would further state, that in the selection of these cases it has been my aim to embody the various types of insanity, as far as practicable.

CASE I. M. D., æt. 52. Dementia of eleven years standing. She was very much excited, and particularly noisy, crying, clapping her hands, and deploring some imaginary wrong committed against her friends. Slept but very little, if any, last night. Has previously been controlled by the use of narcotics.

March 9th.—At four o'clock P. M., gave her 10 grs hydrated chloral in a little sweetened water. About ten minutes after this she became quiet and remained so until brought out to supper (5 o'clock), when she began to exhibit signs of renewed excitement. Orders were given for her to be returned to her room as soon as supper was over. Heard from her at 9 o'clock: has been quiet and sleeping since supper, is easily aroused, but soon dozes again.

Prepared another dose of the chloral to be given during the night, if necessary. At ten o'clock she kicked the door, and was otherwise very boisterous and noisy, when the second dose was administered according to orders. In something less than ten minutes, the noise subsided, and nothing more was heard from her until about four in the morning, when she gave a repetition of her former demonstrations.

March 10th.—Discontinued the use of the chloral during the day, and gave in its stead a mixture containing in each dose eight grains

of alcoholic extract of conium; twenty-four grains were taken in the twelve hours. It has had apparently no effect in controlling the paroxysm, as the patient continued in an excited condition all day. Ordered ten-grain doses of chloral, prepared as before, one to be given immediately (8 o'clock, P. M.), the effect was almost instantaneous; no renewal of noise until 5 A. M., then the dose was repeated, and again the noise subsided and was not resumed until the household was in action in the morning.

March 11th.—At 10:20 P. M. the attendant called to know what should be done with Miss D., as she was making so much noise that others in the ward could not sleep. Ordered a ten-grain dose of the chloral, which had the same marked success as above reported.

CASE II.—Thomas H., 62 years old; duration of insanity, thirty years; type, periodical, from a paroxysm of which he is just recovering. Is also suffering with an attack of influenza, for which he was given a brisk purgative, etc.

March 9th.—Complains of not having slept well for the past week. Had administered to him 10 grs. chloral in a half ounce of sweetened water, at bed time.

March 10th.—Report from the patient this morning is that he passed into an easy and sweet doze shortly after taking the medicine, which continued, so far as he can judge, from two to three hours, then he awoke; soon, however, lost himself again, and slept an hour or so more, and was again aroused.

Judging from the above statement, which is worthy of credence, it is altogether probable that this patient enjoyed a refreshing rest of five or six hours' duration, then became restless again.

March 11th.—At eight, last night, the attendant repeated the dose of chloral, by orders, with much the same result as before.

CASE III.—The subject of this case, Jane C., æt. 60, of weak constitution, is of a nervous temperament, and subject to hysteria: but the most prominent features present, and characteristic of the disease, are despondency and melancholy, of a suicidal nature. This condition has existed for four years. Mrs. C. walks the floor the major part of the night sometimes, impressed with imaginary fear and is deprived of her sleep. Has been unusually restless for several nights past.

March 10th.—Rest has previously been ob-

tained by the use of morphia. Wish to discontinue it, as she begins to have some appetite for it. Gave her at bed-time 10 grs. chloral in half an ounce of sweetened water.

March 11th.—The report from Mrs. C. this morning is that she slept soundly all night, a thing which has not occurred before. I may safely say, for months. She accused me of having given her a "dram."

March 12th.—Allowed last night to intervene without the use of any medicine. Mrs. C. says she spent a wakeful night. Her looks confirm the statement; and she is very nervous.

March 13th.—The effects of a repetition of the chloral last night—prepared as before—were very marked.

CASE IV.—M. T., 52 years old, five years insane, type of an acute suicidal character; the supposed cause alleged to be uterine. This patient became very fond of morphia, the use of which was prohibited in her case several months since. Has every night for weeks kicked the door and otherwise been noisy, calling for her attendants and disturbing others in the ward. Complains of great heat and burning sensation in one side; and is laboring under a delusion that she is debarred from the privilege of ever entering Heaven.

March 10th.—Sent her a dose of chloral (10 grs. to 3ss. sweetened water) to be taken at eight o'clock (bed-time.)

March 11th.—Not a sound of distress was heard from her during the entire night. This was a remarkable and pleasant victory, especially to those who have been aroused time and again from their slumbers by the distressing cries of this patient. In this instance was accused of having given "hartshorn."

March 12th.—Last night Mrs. T. was raging, beating and kicking the door when the chloral was given (10 grs. as before.) It quieted her in a few minutes and she continued so until four A. M. when she again began to exhibit signs of excitement; the chloral was repeated with the same controlling influence as before.

March 18th.—A single dose of the medicine of 10 grains strength seemed not to have as good and lasting effect, night-before-last, as it has previously had. Increased the dose the succeeding night to 20 grs., which had the desired effect. It did not require repetition and the patient was quiet all night.

CASE V.—Margaret H. 42, has suffered from

a melancholia, for a number of years, is at times hysterical, is not able to sit up, and complains of a severe aching pain in the lumbar region. She is very much depressed in spirits, expressing fears that she shall never be able to walk any more. On being encouraged to hope for the better, she remarked that it would be weeks at least before she could be up again.

March 10th.—After applying a strengthening plaster, we concluded to try the chloral, and accordingly administered the 10 gr. potion.

March 11th.—Visited Mrs. H. this morning, and found her much relieved. In the afternoon, she walked across the hall to visit another patient.

CASE VI.—Margaret S., admitted in June '68; Dementia; no particulars as to history of the case previous to admission. Has always been manageable in a quiet hall until a couple of days since, when she showed symptoms of pending excitement, which increased so much that for boisterousness, obscene language, and vulgarity, we were compelled to move her to another hall and confine her to a room.

March 14th.—This evening ordered for her 10 grs. chloral, which quieted her for a short time only.

March 16th.—Last night increased the dose of chloral to 20 grs., which had the effect of procuring her a good night's rest, and enabled us to allow her again the freedom of the hall.

March 17th.—Prepared a mixture of chloral 20 grs. to the ounce of liquid, and prescribed two tablespoonfuls to be taken at bed time. The effect was not flattering, and might be called almost a failure.

March 18th.—This patient being very noisy last night; increased the chloral 25 gr. doses (separately prepared), one of which acted like magic, and quieted her almost instantly, and she remained so until morning.

CASE VII.—F. R., age 46, robust constitution, fifteen months insane; type, acute mania; excited upon the subject of religion, proclaims himself to be the *second* Peter. Has been taking a tablespoonful three times a day of the following mixture:

R. Morphine acetatis,	gr. vj.
Ext. conii fluid,	f. 3v.
Aque fontis.,	f. 3vij. M.

March 14th.—To-day Mr. R. is very turbulent, kicking the door, threatened my life, preaching, praying, and declaring that he did not intend to eat any more, and therefore refused to have breakfast.

Discontinued the above treatment and ordered the following;

R. Hydrate of Chloral,	3 iss.
Sweetened water,	f. 3iv. M.

One tablespoonful every hour until he becomes quieted. Some abatement of the noise was manifest in a short time after the first dose, which was given at 11 A. M.; repeated it at 1 P. M., with an entire subsidence of the agitation. This effect was kept up during the remainder of the day by two doses more, one at supper time, and the other at 9 o'clock.

March 15th.—Mr. R. continues tolerably quiet to-day, and is taking the chloral at five-hour intervals only, making in all for the day 34 grains.

March 18th.—The case progresses much as before stated. Am still much pleased with the action of chloral.

CASE VIII.—A. M., 27 years of age, duration of insanity unknown, admitted in November, 1868, cause, constitutional; type, paroxysmal mania of an acute homicidal nature. This young man is now in a paroxysm of excitement, it being the second attack since here. He is swearing, crying, hallooing, and talks almost incessantly; has been located in the *most quiet* hall, and during the intervals of sanity, is modest, pleasant, and gentlemanly in deportment.

March 17th.—Sent him to rear hall, and ordered two doses of chloral, each to contain 20 grains, one to be given immediately (6 P. M.), and the remaining one during the night if the first dose fails to control the noise.

March 18th.—It was not necessary to repeat the medicine, as the patient spent a very quiet night, and appears some refreshed this morning.

CASE IX.—J. K., twenty-five, second attack, acute mania; supposed cause onanism. Has been on the following treatment:

R. Ext. conii fluid.,	f. 3v.
Opil tinct.,	f. 3iv.
Ferri cit. liq.,	f. 3vij. M.

One tablespoonful three times a day.

March 16th.—This has kept him tolerably quiet until to-day; he is now very boisterous, and particularly destructive to clothing. Discontinued the above and substituted chloral:

R. Hydrated chloral,	5jss.
Simple syrup,	f. 3ijss. M.

One tablespoonful four times a day.

March 18th.—Not having as good effect as was hoped for; patient continues very unruly—increase the dose to several times a day.

March 19th.—During the afternoon of yesterday six doses were given, but with no visible effect.

Felt considerably disappointed, but having met with no better success, under similar circumstances, on other occasions, before alluded to, concluded to give the chloral in a more concentrated form, and freshly prepared doses; accordingly gave him this dose:

R. Hydrated Chloral, 3ss.
Simple syrup, f.3ss.

The result was very gratifying indeed; in about five minutes he became quiet, and remained so for several hours.

March 28th.—We are now pursuing former treatment (conium, etc.) in this case, and have had comparatively little trouble with him since the 19th.

In addition to the foregoing cases of insanity, the succeeding cases are introduced to further prove the efficacy of chloral as a hypnotic and narcotic agent.

Miss T., attendant, suffering with a severe attack of sick headache and facial neuralgia. After subduing the vomiting present, administered 10 grs. of chloral, which relieved the symptoms in a few minutes, and at the same time secured her about six hours of sleep.

March 12th.—No nausea this morning; has some neuralgic uneasiness yet. Allowed the case to pursue an uninterrupted course during the day.

March 13th.—Miss T. was suffering very much with her face last evening, when the chloral was brought into requisition; 10 grs. relieved her, and she reports herself, this morning, free from pain.

March 26th.—Will say, however, that Miss T. has since had a recurrence of the neuralgia, but it yields to the chloral.

The next case is that of the writer of this article.

March 15th.—From over-fatigue and too free indulgence at the table, an attack of gastralgia was the penalty. Eight grains of chloral, in just that number of minutes, however, dispersed every unpleasant symptom.

Other cases and experiments might be adduced, but we think enough has already been shown to, at least, induce others to give *hydrated chloral* a trial.

In concluding this article a few general observations are proposed:

1st. The effects of a moderate dose (10 grs.) of hydrated chloral are expended in about six

hours; but can be prolonged by increased doses.

2ndly. To feel assured of pleasant results, the mixture containing the chloral should not be exposed to long-standing, but must be administered in a concentrated form, in *separately and freshly* prepared doses.

3rdly. That light and other *unknown* influences affect it, and hence should not be permitted for any considerable length of time.

4thly. In the quantities above prescribed no unpleasant or pernicious results were experienced, and, further, that patients under its influences are easily aroused.

5thly, and lastly. To every failure that occurred in the above experiments, it can be traced to either one of two causes, viz: too small a dose; or the non-observance of the facts contained in No. 2 division.

REPORT ON MUNICIPAL HYGIENE.

By THOMAS CARROLL, M. D.

(CINCINNATI ACADEMY OF MEDICINE, FEB., 1870.)

(Reported by J. W. HADLOCK, M. D.)

(CONTINUED FROM PAGE 344.)

The establishing of bathing places would, we believe, soon be felt as well by the rich as the poor, because those who live comfortably would not be subjected to the contagious vapors from the filthy, as they now are.

We now come to the consideration of the ventilation and warming of our public edifices and private residences. It may be thought superfluous for us to make observations on these points, but we believe that no part of the advancement of the useful arts has been less understood until a very recent period, than the proper ventilation and warming of our private dwellings, or of those for public worship, or for the administration of justice, the cultivation of science, or those designed for amusement. It has indeed been known in all ages that atmospheric air was necessary to the existence of animal life, but it has not always been known that an impure atmosphere has been the cause of disease. This physical cause was not observed, but a ready solution was in the belief that evil spirits, or Satan had the power conferred on them to torment the human race. This being admitted, it was a long time before a belief could be brought about, that physical causes could produce disease, and it was still longer before

society was convinced that the causes could be successfully combated by human effort, or ingenuity. Still the belief in demons was, and even now is, in opposition to reason and common sense; and these notions are not confined to those who are considered vulgar; for the learned, who only study words without considering nature, have more obstinate prejudice than the ignorant. Whilst we acknowledge that man cannot live forever, but must submit to the fate of all animal nature, yet civilization has mitigated his sufferings, and increased the duration of his life.

Among those things which conduce to his comfort, as well as his length of days, are proper ventilation and proper warmth. The ancients built their temples without roofs, as well as their amphitheatres. Their private residences, and even their palaces, were without proper ventilation. They had no knowledge of the chimney, and quite as little of the proper method of warming their dwellings. But we must confine ourselves more to Cincinnati, and consider in what condition our dwellings and public buildings are as to ventilation and warmth. It will hardly be necessary for us to say anything with regard to these matters about private residences, as what we shall observe with regard to public structures, will give a pretty just idea of the former.

The public buildings of the city may, with propriety, be divided into the following classes: First, churches, or places of worship; second, school-houses; third, places for the administration of justice, and the management of the various interests of the city; fourth, places of amusement, as Pike's Opera House, etc. Now, these various structures have to be ventilated both winter and summer, and have to be heated during the former.

All these requirements are now complied with in different ways, which have been varied considerably within the past twenty-five years. The stove was first used, or indeed the open fire-place, or later, grates to burn coal. As time advanced the stove was removed into the basement, and surrounded by an iron or brick case, sufficiently distant from the surface of the stove to admit air on all sides, which was, and is conveyed through pipes to the apartments to be warmed. Bituminous coal is generally used as fuel, though coke is sometimes preferred. In cold weather

these stoves are occasionally made red hot, which roasts the air and renders it too dry, as well as the iron takes up a small amount of the oxygen, and sets the nitrogen free, which, although it is not poisonous, does not support life. Then, again, the vapor of water in the atmosphere may, to a small extent, be decomposed, and still farther render the air impure. The dust and other matter contained in the atmosphere is often decomposed, which gives that peculiarly disagreeable odor to rooms thus ventilated and heated. This plan of ventilation and heating has the advantage of constantly admitting from without a stream of atmospheric air less or more pure, but seldom giving the feeling of comfort that pure air does; and of later date is that of conveying steam through iron pipes to various parts of structures to be warmed. This method has been adopted, to some extent, in private houses as well as in other buildings, but admits of no channels for the admission of heated air; to apartments, of course, it must be considered very defective, and probably the worst ever adopted. Our court house and jail are examples of this species of heating and ventilation. The only way in which our court rooms secure fresh air is by the doors and windows; the latter drawn down from above.

Our beautiful Cincinnati hospital is heated by steam, conveyed through pipes, and we believe that the wards for the sick have heated air conveyed into them by iron pipes, the air of which is heated by being passed through the chamber in which there are coils of iron pipes through which steam passes. The amount of this heated air is regulated by registers, and sometimes by closing the windows which admit the atmosphere into the chambers for heating. This last method, of course, is very wrong, as the registers would always answer the purpose better by regulating them. There are a few openings properly constructed to let the foul air out near the ceilings, but they are very few. These plans, which have conduits to convey heated air are very defective, because none of them have any way of keeping up a current of air from without. High chimneys are used in many places where this mode of ventilation and heating have been adopted, to invite a current of air through such conduits, and they answer the purpose pretty well. We are told that in most of our school houses the heating is frequently quite defective in conse-

quence of the direction of the winds being unfavorable to the suction produced by the stove heat, as a pipe from the casing of the stove extends directly from it through the wall of the apartment, through which the air is drawn; but if the winds are unfavorable, the current of air ceases to flow from without in, and so the heating process is checked for the time being.

Now these different methods of heating and ventilation, of which we have been speaking, are not only not proper and not founded on correct philosophical principles, but they are extremely expensive. Let us take a few examples as evidence of this: Our Court House and jail are heated, as we have said, by steam conveyed through pipes to the different parts of the buildings. The consumption of coal in producing the necessary heat for the two structures, amounts to 30,000 bushels annually. The Cincinnati Hospital, we learn, exhausts 74,000 annually, and Longview Asylum nearly 80,000 bushels. Now all our other public buildings, no doubt, consume in about the same ratio, so that the quantity of coal consumed in this way is immense, and very far beyond what it should be, or what is necessary.

There is another method of heating by water being conveyed through iron pipes instead of steam, which is now preferred in Europe; the cold water when heated rises and presses the cold before it, and mixes with it. A current is constantly kept up in the pipes, and the heat may be raised very high without danger, which is not the case with steam, as it may explode and do much damage. This latter method is no doubt cheaper than that by steam.

These methods of heating houses by steam or water confined in pipes, have nothing connected with them to keep up a change of air, that of course, inhaled by persons, in apartments heated in this way, must be exhaled, and re-inhaled, over and over again, until it becomes so foul that even death may result, which we all know to be occasionally the case. You no doubt are aware, of a kind of patent strips with gum elastic attached to them in such a way, that when applied to door or window casing, no air can be admitted from without.

The effect of this so-called improvement, has been most injurious in Cincinnati. We have been with ladies, who had headache, cold feet, restlessness, with want of appetite,

brought on by close rooms, made in this way; add to this the burning of coke or anthracite in such apartments, and you will have a just idea of the consequences on health. Once in a while a door is opened, and the lady feels refreshed, but scarcely knows why. Children often suffer from apartments thus ventilated; one becomes feeble, cries or rolls his eyes or head, has a dry skin with loss of appetite. The case is not understood. The doctor is called, he fears that the brain is diseased. He but too often praises the mode of heating and ventilation, and joins the parent in abusing coal smoke; he leaves but soon is recalled to find effusion on the brain and soon death follows.

The methods of conveying heated air by the use of the fan or pump, we think so important that we now give a short account of them both. These methods have the advantage of cheapness, and of always supplying fresh and condensed air to apartments to be heated or ventilated. That by the fan can best be understood by giving an idea of its adoption at the Reform Club House in London, and we can best do this by depending on Dr. URR's description of the apparatus as engineered by Easton and Amos: "That by the fan, consists of a large fan revolving rapidly in a cylindrical case which is capable of throwing 11,000 cubic feet of air per minute in a spacious subterranean tunnel under the basement story. This fan is drawn by an elegant steam engine worked on the expansion principle of five horse power. The machine is placed in a vault under the flag pavement, makes very little noise, and requires but little fuel, and makes no nuisance of any kind. The steam condensation of the engine supplies three cast-iron chests with the requisite heat for warming the whole building, which is a very large one, each of these chests is a cube of three feet externally, and is distributed internally into seven parallel cast-iron cases each about three inches wide, which are separated by parallel alternate spaces of the same width for the passage of air transversely as it is impelled by the fan. This arrangement is most judicious, economizing fuel to the utmost degree, because the steam of condensation, which in Watt's engine would be absorbed and carried off by the air-pump, is here turned to good account in warming the air of ventilation during the winter months. Two hundred weight of fuel suffice for working this steam engine during twelve hours. It pumps water for house-

hold purposes, and raises coal to the several apartments on the upper floors (where there are some grates), and drives the fan ventilator.

"The air is flowing rapidly through a series of cells placed alternately between the steam cases, cannot be scorched, as it is generally with air stoves; but it is heated only to the genial temperature of 75° to 85° Fahrenheit, and it thence enters a common chamber of brickwork in the basement story, from which it is let off into a series of distinct flues governed by dialled valves or registers, where it is conducted in regular quantities to the several parts of the building."

Dr. Ure tells us that the British Parliament, when bewailing the fate of their fellow creatures doomed to breathe the polluted air of a factory, were little aware how superior the system of ventilation adopted in many cotton mills, was to that employed for their own comfort, in either House of Parliament. The engineers of Manchester do not, like those of London, trust for a sufficient supply of fresh air in any crowded hall to currents, by the difference of temperature excited by chimney draughts, because they know them to be ineffectual to remove with requisite rapidity the dense carbonic acid gas generated by many hundred powerful lungs.

Now let us examine for a moment the effects of the heating and ventilation of our public buildings. The wards of our great hospitals, as we have stated, are heated and ventilated by currents of air, produced by steam pipes laid in tunnels, without any forcing power; of course, these currents are in some measure dependent on the direction of the winds, and are at all times weak. Suppose now, that these currents were created by the pump or fan; they could always be regulated with exactness, and the proper density could be sustained without variation, which, in wards for asthmatic patients, could be made dense to any desired extent; which would often be of the greatest importance to comfort, if not as to cure. Another beneficial effect would result from this mode of ventilation; that is, the destruction of the hospital smell which generally exists in all hospitals. This odor the chairman of your committee got clear of when he was Physician to the Cincinnati Orphan Asylum, by not allowing the inmates to occupy any ward more than twelve hours at once and then having it ventilated during twelve hours. He found, by the adoption of this

course that the health of the inmates was immediately improved, and he believes that the time will come when all great hospitals will be so arranged that this course can be taken. One of the great errors in the construction of the Cincinnati hospital is that of the amphitheater, which is the very worst ventilation that can be conceived and should not be allowed to exist, students may sleep, but they cannot think with success in it, and the teachers can only instruct in an inanimate manner.

We must not stop here, but consider the effects of the ventilation now existing in our courts of justice, churches, etc. The various court rooms are only ventilated by the doors entering them, and by the windows, which are occasionally partially opened, mostly from above, however, which lets out the foul air, and lets in some which is fresh; but this carries back some of the foul which it meets. Now this mode of ventilation, at the same time that it does not kill those within, stupifies them, and either produces head-ache, cold feet, or a disposition to sleep. A condition of this kind cannot produce that state of the understanding favorable to the administration of justice, on the part of the court, nor enable the advocate to do justice to his client, by clearness of investigation, or by eloquence. But if our courts thus suffer, how much more do the churches, by the mode of ventilation which they have. Heated air is admitted from the basement, often in a roasted state, through registers at various points, and has but little chance of escaping above. The pulpits are fixed several feet higher than the congregation, who breathe such air as they get from below. It becomes vitiated, but is so heated, though loaded with carbonic acid gas that it ascends for some feet above the heads of the hearers, so that the preacher has to inhale that which has been used once or more. He feels the weakening influence, but knows not what is the cause. After a few weeks of labor in the pulpit, he complains of head-ache, of weakness of the chest, of inability to speak long or loud, and often before the winter ends, his throat becomes sore and if he labors on, his health, after a while, is ruined, and he either quits his profession, or dies a martyr to vitiated air, which he has had to breathe so often and so much.

The question is often asked by those advanced in life, why preachers nowadays have sore throats, so much oftener than they had

fifty years ago? Few can tell, because few know the real cause. In early times, places of worship were mostly very open; the pulpits were but little raised above the congregation, or the preacher often stood on a level with them, which indeed ought to be the case now; In those early days, too, the clergyman, after the congregation was dismissed, often took a tablespoonful or two of brandy or whiskey, which aided in diffusing the circulation of blood from the throat to the general system.

We would gladly stop here and throw a veil over the ventilation of our school-houses; but the suffering of the young invite our sympathies and admonish us to say a word on the bad ventilation of our school-houses. The mode of ventilation of these places of learning, as we have said, is still imperfect but better than it was some years ago, and it seems, to us that it can only be benefited by the ventilation produced by the pump or the fan which demands the earliest consideration of the city authorities. We have to consider for a moment the result that would follow from the ventilation, by the fan, or the pump, and we cannot do better than quote the effects on man of condensed air as given by M. Junot. He says: "when a person is placed in condensed air he breathes with new facilities; he feels as if the capacity of his lungs was enlarged; his respirations become deeper, and less frequent; he experiences in the course of a short time an agreeable glow in the chest, as if the pulmonary cells were becoming dilated with an elastic spirit, while the whole frame receives at each inspiration fresh vital impulses. The functions of the brain get excited, the imagination becomes vivid, and the ideas flow with delightful facility; digestion is rendered more active, as after gentle exercise, in the air, because the secretory organs immediately participate in the increased energy of the arterial system, and there is therefore no thirst.

But in rarified air the effects are just the reverse. The breathing is feeble, frequent, labored, and sometimes terminates in asthmatic paroxysms; hemorrhages often occur, and occasionally with a tendency to fainting; the secretions are scanty or wholly suppressed, and at length apathy supervenes.

The apparatus for ventilating and heating can be so constructed, that the large volume of air heated and passed off to the required apartments, can be filtered previously to its

being received into the heating chest, and purified by being deprived of all noxious and floating matter that may be in the atmosphere. This apparatus, too, can easily be modified at little expense, so as to become the ready means of introducing, during the great heat of our summers, refreshing currents of air, at a temperature of 10, 20, 30, or even 40 degrees lower than that of the atmosphere. An apparatus of this nature attached to our churches, courts of law, school-houses, and hospitals, would be of great importance, not only to the health, but spirits of those who have to spend so much of their time in them, especially to patients confined in hospitals.

It is not our business to investigate the character of disease in the general, or to discuss the proper method of treatment. We, however, find that the small-pox has been generally diffused, and that the deaths have been numerous, which last has resulted to a considerable degree from horrible treatment. Indeed, it would seem that the management of this fearful malady is with us as bad, or even worse, than it was a hundred years ago. There is a constant fear of open windows, of cool apartments, and of cleanliness. The bed must not be changed, and a clean shirt is fearful. The diffusion of the contagion seems to be uncontrollable; this grows out of the varioloid. In about one half of the cases after vaccination, the varioloid will occur often in a very mild degree, but occasionally in a more serious form. Now, the spread of the disease depends very much upon this mild form. An individual has headache, pain in the back, with chilliness; he is unwell for two or three days; he finds a few pimples about his forehead; he then calls on a doctor—is told to keep quiet for a few days; but he now feels better because of the appearance of this sparse eruption, and walks out; passes through a crowd, and communicates the seeds of the disease to those whom he meets. In this way the disease becomes broadcast—some have varioloid and some small-pox.

Now, it has long been the opinion of the chairman of your committee, that children should first be vaccinated, and then after proper preparation, inoculated for the small pox. In some cases varioloid would follow, and in some of course it would not. By this means complete protection would be established. This course would be of more benefit in the female than in the male, because when utero-gesta-

tion exists, and a woman takes varioloid, even in a mild form, she is in danger of her life from the death of the fetus, which may occur.

We think it unnecessary to make observations on the city as to cleanliness, as the Board of Health, for some years have kept it in an admirable condition. We presume, however, that much of the credit of this condition, is justly due to the ability and energy of the Health Officer, who has done his duty without regard to praise or censure.

The supply of various kinds of food is about as varied as it can be; every thing in the way of alimentation is eaten at pleasure, by all classes, whether it comes from the surrounding country, from the South, or from the distant North. Children begin very early to eat fruit, with most kinds of vegetables, and usually seem to receive little injury from it.

It is, however, true, that the young occasionally bring on bowel affections, such as cholera infantum, dysentery, and diarrhoea, by this habit; yet they mostly get over such attacks with ease. Those more advanced in life, up to old age, indulge in free living, as to quantity and variety, with but little injury; but, like children, they sometimes suffer from bowel affections. As the rate of mortality in the city is lower; lower, indeed, than that of most cities, we must conclude that the habits of the people are not bad, when compared with those of other cities.

Cincinnatians drink whisky, beer, wine, and whatever else will produce drunkenness; but the class who get drunk are not very numerous; yet a large number drink more or less of strong drinks; and we fear it will be long before we can be considered a very temperate people.

NOTE.—The Chairman has received the following note from his friend, Dr. W. P. THORNTON, who has spent some years on the Continent of Europe, especially spending much time at Paris and Vienna, where he examined with care whatever belonged to his profession.

CINCINNATI, March 25, 1870.

Dr. CARROLL—DEAR SIR:—I have listened with much pleasure to your very able report on Hygiene, read before the Academy of Medicine. You refer to the ventilation of the London Club House, as a model for hospitals, churches, and other public buildings.

Permit me to draw your attention to the hospital of Lariboisière, at Paris, as a most excellent insti-

tution in all its arrangements. It covers a space of about 40,000 square yards, is built in pavilions, separated by numerous courts, beautifully laid out in flower beds, shrubbery, walks, and fountains. Its doors opened to the sick in 1853, and contains 600 beds. It is most beautifully, solidly, and artistically built. But the most important point of this structure is its air supply. The ventilation is effected by an enormous revolving wind mill, or set of fans propelled by steam, driving a powerful current of atmosphere through an air chamber into air passages extending to all the sick apartments of the hospital, thus securing an abundant supply of fresh air, which is so necessary to institutions where many human beings are crowded together in a small space.

At the same time that the steam propels the current of air, it warms water for the baths, for all washing purposes, and cooks the food for all the inmates of the hospital.

Very respectfully, yours, &c.,
W. P. THORNTON.

THOMAS CARROLL, Chairman, }
B. F. STEPHENSON, } Committee.
H. SMITH.

THE NATURE OF ERYSIPELAS.

An Essay read before the Philadelphia Hospital Medical Society.

By GEORGE H. FOX, M. D.

One of the Resident Physicians, Philadelphia Hospital.

MR. PRESIDENT AND GENTLEMEN:—I invite your attention this evening to the nature of Erysipelas. This disease, occurring so extensively in both hospital and private practice, soon becomes a familiar sight to the most inexperienced practitioner of medicine; and from its protracted course, its often fatal termination, and the numberless remedies which have been employed in its treatment, the importance of an accurate knowledge of its true nature becomes at once apparent. Occurring, as it does, in both an idiopathic and a traumatic form, it stands mid-way between the strictly medical and the strictly surgical affections, and claims alike the attention of both surgeon and physician. In a complete discussion of the subject, the causes of Erysipelas, both predisposing and exciting should be accurately determined. The symptoms both general and local should be carefully studied, and a correct estimate made of their relative importance. The points which characterize the disease in every case and the peculiarities occurring in but few cases, should demand an equal amount of consideration.

Such a view of the subject opens to us a field for thoughtful investigation, and I regret that from limited research, I am obliged to pass hastily over this interesting ground, merely calling attention to some of its most prominent features.

The writers upon erysipelas are without number, since every complete work on medicine, every system of surgery, and every treatise on skin diseases, must of necessity, contain a description of this affection. Few authors, however, have devoted to it the care and attention which its importance would appear to demand, and which they have bestowed upon other and less important affections. This may partially account for the confusion of ideas, and the contrariety of opinion which exists concerning the nature of the disease. For, surely, the majority of writers are exceedingly careless in their discussion of the subject, and scarcely any two agree upon every point. The surgeons, as a general rule, regard the subject in a very practical light, leaving the question of its nature to dilate upon their favorite modes of treatment. The medical writers, on the other hand, indulge in a greater amount of theory, and, consequently, present to us a greater conflict of opinion. But to the Dermatologists, with their arbitrary and diverse systems of classification, belongs the credit of involving the subject in the deepest obscurity.

Under the names of *ignis sacer*, erysipelatous fever, rose, St. Anthony's fire, etc., erysipelas has been descanted upon since the time of Hippocrates. Celsus wrote concerning *ignis sacer*, yet it is doubtful whether his remarks were applied to that disease which, at the present day, we term erysipelas. Linnaeus regarded this disease as the prototype of eruptive fevers, separating it, however, from those of a contagious nature. Cullen regarded it as arising from a morbid matter generated within the body, and thrown out upon the cutaneous surface. Willan placed it among the vesicular eruptions on account of the small vesicles which are often noticed upon the inflamed surface. Wilson classes it with the non-specific, congestive inflammations of the derma.

Arndt and Watson restrict the use of the term erysipelas to diffuse inflammation of the head and face, while Nunne, Velpeau, and others connect it with diffuse plegmon, phlebitis, angeioleucitis, and even puerperal fever.

Dr. DUNCAN thinks that the inflammation arises in the cellular membrane, and afterwards attacks the skin. Mr. James believes that the subcutaneous tissues are secondarily affected. Mr. Lawrence holds that both the skin, areolar, and adipose tissues are simultaneously involved; while, on the other hand, Pearson has denied that the local affection partakes in any degree of an inflammatory nature. But it is useless to dwell upon the peculiar and contradictory opinions of these different writers.

The nature of the disease is, at the best, obscure, and the nosologist who strives to make it coincide exactly with others in the class or order to which he assigns it, often allows prejudice to usurp the place of reason.

No classification of diseases can, in the present state of medical science, be precise and unobjectionable. Hence a disease should be compared to, rather than associated with, kindred affections in an unbiased examination of its true nature. With this in view, let us glance particularly at certain important and undecided points, which, for the most part, are embodied in the following questions:

Is erysipelas a simple inflammatory affection, a local disease like pneumonia, or gastritis produced by external causes and developing a sympathetic disturbance of the entire system?

Or is it a constitutional disease like typhoid fever or rheumatism, attacking only those persons in whom a predisposition exists, and who are at the same time exposed to external influences?

Is the morbid cause generated within the system, or does the disease depend upon some specific poison, which enters the system from without, and produces symptoms *sui generis*, as in the case of syphilis, variola, or malarial fever?

Is erysipelas both infectious and contagious? Is the local manifestation confined to the skin, or to the skin and sub-cutaneous tissues? Or does the characteristic inflammation of this affection attack also the mucous membranes, the serous membranes and the viscera?

Not feeling prepared to express anything like a decided opinion upon these points, I submit them to you with merely a few remarks, which I hope will serve as a basis for discussion.

In regarding erysipelas as a purely local affection, plausible arguments are not lacking-

Heat, redness, and swelling, are often the first symptoms noticed, and the severity of the pyrexia, as a general rule, corresponds with the extent of local inflammation. Yet we know that the disease frequently occurs in an epidemic form. This coupled with the fact that it often spreads through hospital wards when all possibility of direct or indirect contact is removed, proves, I think its infectious nature.

And if we accept the statement that no local disease is infectious, we must of necessity regard erysipelas as a systemic disorder. By infection I mean that property which a disease possesses of propagating itself through the atmosphere; although Dunglison defines the term as "communication by immediate contact," and cites (erroneously, I think,) syphilis and scabies as infectious diseases.

Now, having decided upon the constitutional nature of erysipelas, we next consider whether it is the result of various causes acting upon a peculiar, predisposed state of the system, or whether it is a specific disease, *i. e.*, the result of some peculiar cause acting upon a normal condition of the system.

In some persons, the slightest scratch, cut or prick of a pin is apt to be followed by an attack of erysipelas, and it is a well established fact that one attack invariably predisposes to succeeding. This is not the case with other specific diseases, and it surely seems to point to the existence of some essential predisposing systemic condition. Again erysipelas is at times so prevalent that surgeons hesitate in performing any cutting operation, knowing that the disease would doubtless supervene. Now, predisposition alone cannot account for this, and the existence of some poison or epidemic influence must be acknowledged.

Since, however, neither of these views are alone unobjectionable, the truth, doubtless lies between or in a combination of the two. Hence, we may conclude that a specific poison, with a predisposed condition, is a *sine qua non* of erysipelas.

Concerning the infectious nature of the disease, I have spoken. As to its contagiousness ample proof is given, especially in surgical wards, that, by the careless use of sponges, etc., the disease may be, and often is, transferred to other patients. As regards the seat of erysipelas much latitude of opinion prevails, and the adverse ideas of several writers have already been stated. Lawrence, who is looked

upon as one of the best writers on this disease, holds that the distinguishing characters of the inflammation are dependent upon the peculiar texture of the skin, and, therefore, cannot attack the mucous or serous membranes. Yet he himself admits that the subcutaneous tissues are often involved, and surely the anatomical difference between the skin and cellular tissue is far greater than that between the skin and the mucous membranes. Moreover, if the "black tongue," that fearful epidemic of the west, be in its nature identical with erysipelas, then the question admits of no further discussion.

In conclusion, a summary of the preceding brief remarks may be conveyed in the following definition, *viz*: that *erysipelas is a specific and often contagious febrile affection, occurring in predisposed persons, and characterized by a diffuse inflammation, generally attacking a portion of the skin and subcutaneous tissues.*

Such a view of the nature of erysipelas I am inclined to accept, and surely many facts and arguments can be adduced in its support. Yet I must confess, that in looking over the articles of various writers on this subject, I find a number of contradictory statements, any one of which it is exceedingly difficult to disprove.

HOSPITAL REPORTS.

CLINIC OF UNIVERSITY OF PENNSYLVANIA.

SERVICE OF D. HAYES AGNEW, M. D.

Reported by W. H. H. GITHENS, M. D., Assistant in Clinical Service.

Aneurism Treated by Compression.

J. M. S., of Ohio, was admitted into the University Hospital on Wednesday, January 5th, 1870, to be treated for an aneurism situated on the popliteal artery of the right limb at the lower border of the popliteal space.

The patient was a dark complexioned man about twenty-six years of age and of a compact muscular build. He had been connected with the cavalry service during the war, and had received a flesh wound on the front of the right leg from a fragment of shell, in 1863. In the next year, while his horse was collecting himself to leap a ditch, the bank caved in and the horse fell on and slightly bruised the right leg. He could not connect either of these accidents with the formation of the tumor.

After leaving the army, he engaged himself in a business that kept him on his feet all day, with frequent ascent and descent of long flights of stairs,

and this severe exercise, in the patient's own opinion, was the direct cause of the tumor.

A twelvemonth ago he first observed that the leg from the knee down, was swelled. This continued for four months, when the swelling subsided and he noticed a tumor about the size of a filbert, in the popliteal space.

From this time he suffered from neuralgic pains in the limb more or less constantly, and found the tumor to be increasing in size gradually but steadily.

At the time of his admission to the hospital, the tumor was three inches in length by two in width, and was elevated nearly an inch above the surrounding surface, the bruit and pulsation were so marked that no room was left for doubt with regard to the diagnosis.

It was decided that a cure by compression, should be attempted. A bandage was firmly applied from the toes to the groin, and two Bellingham compressors were adjusted over the line of the artery. The patient's pulse numbered about one hundred beats per minute, and the action of the heart was so strong as to visibly raise one of the compresses at every contraction.

The interruption to the circulation soon caused the limb to swell, and greatly aggravated the neuralgic pain, causing the patient to be very restless. The turns of the bandage became displaced, and it is more than probable that the contractions of the powerful muscles of the thigh frequently raised the pads of the compressors, and interrupted the treatment. In order to relieve the pain and to quiet the patient somewhat, he was ordered, tincture aconite root, two drops, sulphate of morphia, $\frac{1}{4}$ grain, and bromide of potassium, ten grains, to be repeated in two hours if required. The bandage was reapplied, and Messrs. Trumbull and Laws, of the medical class, volunteered to watch the patient and secure, if possible, constant interruption of the current, alternating the pressure by means of the two clamps, at different points. The patient slept but little, and was very restless, and displaced the compressors several times during the night; but notwithstanding this, the tumor was more solid the next morning. The temperature of the limb was but slightly reduced, but the toes were blue and the oedema was very great.

Thursday and Friday were passed in the same manner, but the neuralgia was somewhat controlled by the anodyne, and the restlessness was passing away. The tumor was more solid, and was contracting, but was still patulous. On Thursday night Messrs. Parvin and Simes, and on Friday night Messrs. Stillé and Kinnear volunteered their services in taking charge of the compression. On Saturday Dr. Agnew concluded that digital compression might overcome the disadvantages of the previous mode of treatment. In answer to a call for volunteers,

Messrs. Hazlett, Buckley, John O. Boyd, Udelle, Musser, and Church, of the medical class, proffered their services, and at ten P. M. digital compression was commenced, and kept up without intermission until 7.30, A. M., when the clamps were replaced. The compression was made at Poupart's ligament, and the nerve and vein were carefully excluded. The patient slept a little during the night. His pulse ranged from 108 to 122 per minute. The next morning the tumor was softer but smaller and still patulous, the oedema of the limb had diminished very much, and the patient was more comfortable.

At 2.30 P. M., on Sunday, a 'fresh relay of students, Messrs. Rentz, Ealy, John S. Boyd, Hess, Johns, Harshburger, and Esterbrook, was obtained. They maintained constant compression until relieved in the evening by Messrs. Richardson, Maine, Biederback, Ditrill, Brecking, and Sheets, who kept it up until 7.30, A. M., on Monday, at which time the cure seemed to be complete. During the night the patient slept soundly, his pulse numbered from 92 to 107. No tumor could now be perceived in the popliteal space, the contraction of its contained coagulum being more rapid than the subsidence of the oedema. One compressor was retained during Monday to keep the patient in bed, but on Tuesday he was allowed to be up, and on Wednesday he was discharged, cured.

The popliteal artery was entirely occluded, the leg being supplied by the collateral circulation. The neuralgia and oedema had passed away, and the tumor was now observable as a firm rounded body.

The time occupied was three days and fifteen hours of mechanical compression, and twenty-five hours of digital compression.

MEDICAL SOCIETIES.

PROCEEDINGS OF THE PHILADELPHIA HOSPITAL MEDICAL SOCIETY.

STATED MEETING—LIBRARY ROOM—APRIL 13TH, 1870.

DR. J. C. HALL, CHAIRMAN PRO TEM.

DR. DESSAU presented a specimen of
Pleuro-Pneumonia with Empyema and Pericarditis.

Taken from a girl 3 years old, who had suffered from an attack of pneumonia and while convalescing had relapsed. The relapsing symptoms were of a chronic character, the little patient being able to walk about to within twenty-four hours of her death. The plueræ of both lungs were found firmly adherent to the walls of the thorax and to the diaphragm, the adhesions being more extensive on the left side. On the left side there was a cavity, the size of a small hen egg, the walls of which were

formed by the pulmonary pleura and a thickened false membrane. This cavity was filled with pus of a semi-solid consistence. The right lung was healthy—the left appeared to be in a state of resolution though perfectly solidified. The heart and inner surface of the pericardium were covered completely with a thick layer of organized lymph—at the apex of the heart the deposit was not so thick as elsewhere—a small quantity of fluid was contained between the heart and pericardium.

The specimen was presented, as furnishing a fair pathological illustration of the pneumonia which has lately in an epidemic form been so fatal amongst the children in the house. Attention was especially invited to the serious complication of the pericarditis, as such a complication demands prompt and careful treatment, and is not mentioned earnestly enough by writers on the subject. No notice was taken of the heart trouble during life. The specimen also gave a beautiful example of the conversion of the effused pleuritic serum into pus.

Dr. JIMENEZ remarked that he had lately examined the lungs and hearts of two patients—both children—who were affected with pneumonia complicated with pericarditis, which presented similar appearances to Dr. DESSAU's specimen. In both his cases, as in Dr. DESSAU's case, the pneumonia took on a chronic character.

Dr. DESSAU read the following paper, on

Ovarian Tumor.

Spontaneous internal rupture with a remaining diminished tumor with occasional increase.

MR. PRESIDENT AND GENTLEMEN:—In presenting the following case to the Society, I have thought that it will bring to your notice many points of peculiar interest, in regard to the correct diagnosis of an obscure abdominal tumor.

The subject of this paper, Jennie E—, 24 years of age, single, dark complexion, was sent to this hospital by Dr. F. F. MAURY, one of the attending surgeons, to be relieved of certain syphilitic manifestations. She had previously been under Dr. MAURY's care, for a tumor in the abdomen, of which she gave the following history. At 13 years of age she first noticed a swelling in the right iliac region, which at first increased gradually in size, until about 3 years ago, when it rapidly increased so that she was as large as a pregnant woman at full term. Her general health in the meanwhile was good. The tumor remained at its largest size for two months, when it suddenly decreased so as to be scarcely observed. At the same time she became quite ill, being confined to her bed for two weeks, persistent vomiting being the chief symptom of her illness. After the subsidence of the tumor she noticed that unusually large quantities of urine were passed. Two years ago the tumor again suddenly increased in size and again subsided with

a repetition, in a milder form, of the same symptoms as the year before. During the past year, the tumor has often increased slightly in size, the original size being equal to the head of an infant. Her menstruation had always been regular, though since she contracted syphilis it has been more profuse. Lately, while under my observation, when the tumor increased it would generally occur prior to the menstrual period, being attended with much pain of a dull character, and followed on the diminution of the tumor, by a large discharge of pale colored urine, which on examination was found free of albumen.

On examination there was found, in the right iliac and lumbar region, an ovoidal tumor of marked outlines and smooth surface, extending to the medium line of the abdomen. The tumor could be easily grasped between the two hands, was not freely movable, and felt as large as a small child's head. The tumor was dull on percussion and was rather firm to the touch, though a slight degree of fluctuation could be detected over all parts of the swelling. A vaginal examination showed the os and neck of the uterus of virgin size. There was a copious mucous discharge from the uterus. On passing the uterine sound, the lining membrane of the cervical canal appeared highly sensitive. No malposition existed. The tumor was moved free of the uterus, the sound being in position.

The difficulties of arriving at a correct diagnosis in this case were great, owing to the small size of the tumor and its attendant negative physical symptoms. The position of the tumor at once suggested the idea of ovarian origin. The history of a greater size than that personally observed, having existed, with a subsequent diminution of the tumor, gave an appearance of rupture of the cyst, especially as there was a history of more or less serious illness, and the passage of large quantities of urine, about the same time. If such was the fact, the case presents many points similar to one related by Sir Jas. Y. Simpson in his clinical lectures on ovarian dropsy. In his case the cyst was burst by a fall, the contents being partly emptied into the abdominal cavity, where they were rapidly absorbed by the peritoneum, and hurried off through the kidneys. The walls of the cyst continuing to secrete fluid, which escaped into the abdominal cavity, kept the rent open, so that the tumor was kept, by this counter-balancing action of secretion and absorption, at a size which did not demand surgical interference.

In this case there is good reason to suppose that the same pathological condition existed, as in the one just quoted—that the tumor might afterwards become larger than ordinary under such circumstances, is mentioned by Dr. Bright in an article on abdominal tumors, (Guy's Hospital Reports, vol. III.) He regarded the *simple cyst* as the most favorable

variety of ovarian growth for such a manner of termination, and as this variety may occur at a very early age, being slow in growth, of comparatively smooth surface, and not involving the constitution, the case in consideration might fairly be classed in that variety.

There remain a few points in the history of the case which detract somewhat from the above diagnosis, and if the diagnosis be regarded as correct, are at least worthy of notice. That menstruation was regular might easily be accounted for by supposing the left ovary to be healthy. Dr. Meadows has reported a case of dropsy of both ovaries, in which menstruation was regularly performed. (Trans. London Obstetrical Society, vol. X.)

Prof. T. Gaillard Thomas, in his valuable treatise on diseases of women, regards leucorrhœa as a diagnostic sign of fibroid tumor rather than of ovarian

dropsy. In the present case, the discharge was undoubtedly caused by an endo-cervicitis, the result of the patient's excessive sexual indulgence. It is only fair to state that the patient was also examined while under the influence of ether, in order to test the existence of any hysterical deception, and the tumor found to be unaltered.

The condition of the tumor being so harmless as not to demand any surgical operation, and exploratory tapping was not thought justifiable—this is to be regretted, as it would at once have decided all doubts.

An election of delegates to the coming meeting of the American Medical Association being in order, Drs. J. Stockton Hough, Jas. P. S. Houston, J. M. Jimenez, and H. M. Elmer were unanimously elected.

EDITORIAL DEPARTMENT.

PERISCOPE.

Acute Orchitis Treated by Puncture.

The treatment of common gonorrhœal orchitis by puncturing the testis is advocated by Mr. Henry Smith, of King's College Hospital, London, (*Lancet*.) That pursued by Mr. Nunn at the Middlesex Hospital consists simply in the application of the cold douche to the testis at frequent intervals, whilst the patient lies in a hot bath. A case occurred the other day which determined Mr. Nunn to make use of Mr. Smith's method, and we report it as it illustrates the advantage of the timely relief of tension in inflamed structures. Possibly Mr. Smith's operation should be classed with iridectomy in acute glaucoma, an operation essentially for the relief of tension,—the fibrous sclerotic of the eye, and the tunica albuginea testis have at least a family likeness.

John B—, aged nineteen, was admitted on Nov. 13, 1869, with suppuration of the left testicle. The abscess or abscesses had burst, and apertures existed in the scrotum, yielding pus. Six weeks previously he had found a gonorrhœal discharge from the urethra, and within one week acute orchitis had supervened, which ended in suppuration, which was described as his state on admission.

At first poultices, as the most soothing application, to the inflamed scrotum, and subsequently a mercurial ointment, with the internal administration of nitric acid and decoction of cinchona, constituted the treatment, having the effect of the patient's being able to be discharged, apparently convalescent, on

the 30th,—that is, after a stay of seventeen days in hospital.

On the 3rd of December, however, three days after leaving the hospital, the patient was readmitted, with acute inflammation of the opposite (right) testicle. The intensity of the inflammatory action was considerably greater, and more limited to the testis itself, than in ordinary orchitis. The pain was very severe. One-third of a grain of morphia three times a day in a pill, and mercury with camphor ointment to the scrotum, was continued until the 7th, when the testicle was ordered to be punctured at three points. The immediate result of this treatment was subsidence of pain, and resolution of the inflammation, no repetition of the punctures being needed. Tonics and wine were given from the 4th to the 28th, when the patient was discharged convalescent.

Suppuration of the testicle unconnected with either syphilitic or tubercular deposit is an uncommon result of inflammation of the organ. But it is a momentous question whether the spoiling of its special function does not more often follow prolonged inflammation than the affection is accredited with. Making allowance for the share of the general enlargement due to the distension of the tunica vaginalis by serum, the thickening of the epididymis and the cellular and other investments of the testicle, including the scrotum, there must be a balance of engorgement belonging to the body of the testicle which, if allowed to remain, cannot but imperil its secreting properties. Whatever be the plan of treatment which promises safely to shorten the period of tension demands attentive consideration.

Reviews and Book Notices.

NOTES ON BOOKS.

A very interesting case of the opium habit, where the means used were hypodermic injections of morphia, has been published in pamphlet form by Dr. HENRY GIBBONS, of San Francisco, Cal. He says: "Intoxication from the hypodermic use of morphia is the highest phase of nervous exaltation capable of being derived from narcotics or stimulants. After yielding to its fascinating power, there seems to be no inclination to substitute any other form of indulgence—not even the internal use of opiates. It is less dangerous than other kindred habits, because it is less available." For this craving Dr. Gibbons proposes—unnecessarily we think—the new term *Letheomania*, and the title of his pamphlet is: *Letheomania*; the result of the hypodermic injection of morphia.

Our readers will remember to have read in this journal several instructive articles on Iodoform, by Dr. STILES KENNEDY. He has recently published a number of additional cases and suggestions in a small pamphlet "with a view to elicit further investigation into the physiological and therapeutical effects of what appears to be a really wonderful medicine." It can be obtained from the author, Newark, Delaware, or from W. R. Warner & Co., 134 N. Third street, Philadelphia.

The cause of popularizing medical instruction is enlisted the most distinguished medical writers of Germany. We have just perused with great pleasure Prof. Neimeyer's pamphlet *Über das Verhalten der Eigenwärme bei gesunden und kranken Menschen; ein populärer Vortrag*. It combines a beautiful style, with sound instruction. When will the time come when the absurd prejudices against the dissemination of medical knowledge shall disappear in this country?

Dr. W. A. LOVE, of Albany, Ga., hopes to have ready the first number of "The Cotton Zone Central Journal of Medicine" (which we have already referred to), early in May. It will be a monthly, \$5.00 a year, and the editor has secured the assistance of a able corps of coadjutors. He aims to have every Southern State represented, and especial attention will be given to diseases peculiar to or most common in those portions of our country.

Dr. C. L. MITCHELL sends us a pamphlet containing an account of the formation of the Medical Department of the Long Island Historical Society's Library. The plan was this: a number of physicians joined the Historical Society with the understanding that the Society should appropriate the subscriptions they paid to the purchase of medical books and periodicals.

They thus took advantage of the purchasing facilities of the Historical Society, obtained the use of its library and building, and the services of the librarian. The plan has worked admirably, and it is one which could be put in practice, *mutatis mutandis*, in many other localities.

Part VI. of vol. 3, of the Transactions of the New York Academy of Medicine, contains an excellent article by Dr. GOUVERNEUR M. SMITH, on the etiology of Bright's disease, with remarks on its prophylaxis. It contains a quantity of carefully prepared statistical matter; a discussion of the personal and climatic causes of the disease; judicious advice how to escape it; and the candid confession that though we may alleviate, cure it we cannot.

There have reached us:

The Valedictory Address to the Graduating class of the Woman's Medical College of Pennsylvania, by Ann Preston, M. D.

Ninth Annual Report of the Board of Managers of the Woman's Hospital of Philadelphia, Jan. 1870.

Twenty-first Annual Announcement of the Woman's Medical College of Philadelphia, 1870-71.

Statuten—Entwurf für die Anthropologische Gesellschaft in Wien.

Aufruf zur Bildung of the same society.

BOOK NOTICE.

The Indigestions: or Diseases of the Digestive Organs functionally treated. By Thomas King Chambers, M. D. Third American Edition revised. Philadelphia: H. C. Lea. Philadelphia, 1878, 1 vol. 8vo. cloth, pp. 383. Price \$3.00.

This edition of Dr. Chambers popular and excellent work, on functional disorders of the stomach, has been prepared expressly for the American market. Considerably more than a hundred new cases have been introduced, and a good part of the volume re-written. It is almost needless to say that few medical monographs in the language convey more real information than this, and that few are written in any language in a more flowing and forcible style. The general arrangement is similar to that in the previous edition, the prominent symptoms, such as vomiting, flatulence, diarrhoea, constipation, nervous disorders, etc., being taken up one after another. There is a well prepared index, and the print and paper are all that they should be.

—The Medical Department of Howard University, Washington, D. C., has now twenty-three colored, and seven white students; and it is expected that next year at least a dozen will graduate. The students have access to the Freedmen's Hospital just north of the city limits.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, APRIL 30, 1870.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

To insure publication, articles must be practical, brief as possible to do justice to the subject, and carefully prepared, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

WHAT TO DO.

Some time ago we referred to the many important questions which should be brought before the American Medical Association, and which should be seriously considered by it, instead of wasting time on twaddle about ethics, and nugatory reports about medical education. In view of its approaching session we refer again to some of the work it has to do, and work which if it does not do, the Association will prove itself neither wide-awake to the needs of the hour, nor prompt in action, but under the control of a small clique of fluent, but inefficient leaders.

It is notorious that a diploma as Doctor of Medicine in the United States is no sort of a guarantee of medical knowledge, or even of average general education. It is even more paltry than the degree of Master of Arts, if that is possible. We say this with deep regret, and all the more sadly, because there are many who have won both these honorable distinctions after conscientious studies in institutions which ought to be of high rank. But they are classed with the vulgar crowd by the general mass of readers.

Now so far as the degree of Doctor of Medicine is concerned, the causes of the disrespect into which it has fallen, are, first, that diplomas are hawked about the country for sale like any common article of merchandise. They are boldly advertised, and the traffic is sufficiently extensive to give employment to at least two impudent scoundrels in this city calling themselves collegiate agents, one in Milwaukee, one in Washington, and another in New York city. How many beside,

we know not. Again, the abundance of second and third rate colleges, organized not to furnish sound and thorough medical instruction, but in order to advertise the "Professors" (save the mark,) is an evil and a disgrace. They take in young men who could not pass an examination as teacher in a primary district school, and having taught them the least possible amount for the least possible sum of money, solemnly and with the greatest possible gravity and display confer upon them a diploma which not one in twenty can read. Thirdly, some of our best institutions grant diplomas after only a few months attendance, as a correspondent in this number testifies.

It were better that the empty formality of conferring degrees be abolished altogether, than that it should be continued as a fraud and a deceit as it now is. For there still remain a few unsophisticated people who think that a doctor of medicine really knows how to treat properly common diseases, which we are all aware is an absurd error.

We need a chapter of Medical Colleges with a high standard of education and a rigid system of examination, and we need immediate action to be taken officially about the sale of diplomas, and about allowing respectable colleges to grant diplomas after a few months sojourn on the part of a student.

MEDICAL JOURNALS IN FRANCE

Dr. Amédée Latour, chief editor of the *Union Médicale*, and formerly assistant editor of the *Gazette des Hôpitaux*, has been elected as *associé libre* of the Academy of Medicine of Paris. This is a high honor, and one deservedly won by Dr. Latour. He has, it is true, not been known as a clinical teacher, even a skilled practitioner, as he has devoted himself to medical journalism and to medical literature. High-toned, honest, and independent, he has commanded the respect of others while he fearlessly disregarded their prejudices.

The medical writer in this country is regarded with suspicion, as an indirect advertiser, but when he does not practice, like Dr. Latour, this can hardly be attached to him. The specialty of medical literature for the public as well as the profession, is not understood with us. Let us learn a lesson from our friends across the water.

The Parisian medical journalists aid one another when in distress, and dine together at stated times when in health. This is a wholesome state of matters, and one, moreover, which is fraught with many benefits to the whole profession. On a recent evening, the members of the medical press had a banquet at the Grand Hôtel du Louvre, at which every journal relating to medicine and medical science was represented. It is proposed to continue these social meetings once a month; and, with a view of carrying out this plan, a committee has been constituted, consisting of MM. Caffé, Lapeyrière, Le Sourd, Linas, de Ranse, and F. Roubaud. These gatherings are intended to embrace all the gentlemen connected with the medical and medico-scientific press of Paris.

M. Félix Roubaud has just started a new medical journal. It is "*cautionné et timbré*"; so that it is evidently intended as an organ of medico-political opinions, as well as of medical science. The ordinary medical journals do not pay caution money or stamp-duty, and are consequently legally disqualified from treating political questions. The name of the new journal is "*L'Opinion Médicale*."

Recently the *Gazette Hebdomadaire* received a warning from the government for discussing some statistics of population and public hygiene; that paper, not being stamped, and having therefore no right to venture on questions relating to the administration!

Notes and Comments.

Chloral in Insanity.

Dr. R. HILLS, in transmitting us the paper on this subject in this number says:

"The accompanying paper prepared by my assistant physician, on the use of the newly introduced medicinal agent, Hydrated Chloral, embodies some of our experience with it in a direction to which we have as yet seen no allusion. Its happy effects in a class of cases that are always found in our hospitals, exceedingly annoying and troublesome of management; so free from the uncertainties of most hypnotics, the evils that often are inseparable from the use of opiates; the troublesome administration, brief effect, and danger in the use of chloroform; have made the chloral, in our estimation, the greatest boon ever bestowed upon our specialty. We commend it to the attention of all practitioners, but especially to those in charge of the insane."

The employment of chloral, however, in such

affections is not untried in Europe. In the *Revue de Thérapeutique*, of November 30, 1860, one case of rapid sedation in an epileptic and insane patient is recorded, by the hypodermic use of chloral. And in the *Bulletin de Thérapeutique*, of Feb. 28th, 1870, M. Couyba, interne in the hospital La Salpêtrière, reports a number of cases of mania soothed and quieted in an eminently satisfactory manner by the same agent. No doubt it will be found of decided value.

The Diploma Trade.

A correspondent sends us a slip from the *Kansas City Journal* entitled "How M. D.'s are manufactured." It exposes the method of operating of a rascal in Milwaukee, whom we ourselves once showed up, and who runs the "Milwaukee Medical and Surgical Institute," what ever that may be. The following is an extract from his confidential circular.

"In cases when it seems justifiable some of the schools have decided to confer diplomas upon physicians who although they may not have attended the full course of lectures have had sufficient experience in the study and practice of medicine to compensate for the deficiency. Five years reputable practice without having attended lectures, or one course of lectures and three years' practice are considered an equivalent.

"This action of the schools, however, being 'irregular,' and rival schools being always ready to seize upon any pretext to injure their reputation, it is necessary that the Faculties should not be approached upon this subject; but all business of this kind must be strictly confidential, and transacted through their private agents."

So long as "respectable schools," pander to their own supposed interests by conferring a degree after a few months attendance during one winter, as it appears they sometimes do, just that long will all talk about elevating the profession and the "standard of education" be barren twaddle. We have a case in point, which we may refer to again.

Progressive!

The physicians of Boston—some of them at least—are certainly in advance of the world. Here is the advertisement of one, and a "regular," too, if we may take as an evidence the fact that his name occasionally appears in respectable connections:

Dr. _____,

SPECIALIST FOR DISEASES OF THE CHEST,
(Especially for the artificial calcification of tubercles.)

No. _____ PLACE.

Office Hours, from 11 to 1 o'clock.

This "specialist, especially" for running a humbug procedure, but perhaps a profitable one, would certainly be less at home in more conservative localities. We are curious to know how far "that sort of thing" is endorsed at the "Hub."

Colored Delegates at the American Medical Association.

A distinguished member and ex-President of the American Medical Association, writes to us his opinion on the question of the admission of colored delegates as follows:

"If a colored man appears, possessed of the proper credentials, from a society entitled to representation according to the constitution and by-laws, let the Committee register him without question. Let him come in and go out and sit in the Convention just like any other man, without any special notice of any kind whatever. By treating him thus, it would spoil all the public notoriety, the newspaper slurs, and the mischiefs expected by those who are instrumental in sending him there. There are some things that will speedily die if let entirely alone, but which will live and thrive just as long as they can attract opposition and notoriety."

Napheys' Therapeutics: Unprecedented Sale.

The first edition of a strictly professional book—Dr. NAPHEYS' *Modern Therapeutics*—has had a sale which may be regarded, we think, as almost unprecedented. In five weeks from the time it was ready for delivery, and before it had received notices in the journals, between 800 and 900 copies were sold, thus at once nearly exhausting an ordinary edition. We are in receipt of a number of appreciative testimonies to its value as a hand-book to the practising physician. One just now at hand says, "I would not be without it for, not \$2.25, but \$20.25."

Boston Journal of Chemistry.

This journal having increased its price to \$1.00 a year, we shall be obliged to charge fifty cents (50 cts) a year hereafter for commutation price. A different statement in a late number of the REPORTER was founded on a misunderstanding of a letter from the publisher.

A New Proof of Insanity.

The *Christian Advocate and Journal* says: "We had supposed that between cases of wills and murders the whole grounds of proofs of judicial insanity had been traversed in the courts; but another has been discovered. The testator, whose disposition of his worldly property is not agreeable to his son and heir-at-law, it is alleged was 'very peculiar in his religious views,' and 'while praying made peculiar gesticulations, and swayed himself to and fro,' and therefore the young hopeful asks the court to adjudge said testator insane and the will invalid. It is quite possible that the courts will grant the prayer, for both judges and juries seem to be peculiarly gifted in detecting insanity—the former especially where there is a money consideration at issue."

The charges of venality have usually been laid at the door of the physician in these cases. We are glad to have the responsibility divided; but we would respectfully suggest referring such cases to juries of experts and not of civilians.

Statue of Desgenettes.

A Statue by Robinet of the celebrated Dr. DESGENETTES is to be placed on the Academy of Medicine at Paris as a pendant to that of Larrey. It represents Desgenettes in the Syrian campaign inoculating the virus of the pest, which was then decimating Napoleon's army, into his chest, to prove to the survivors that it was not infectious. Owing to his audacious courage, the lives of many men were saved, although the doctor felt to the last day of his life the result of his terrible inoculation. The statue possesses great anatomical merit, showing Desgenettes while under the influence of his dangerous demonstration.

Cholera on the East Coast of Africa.

In six weeks 10,000, persons had died of the disease in the town of Zanzibar, and 30,000 in the whole island. At Quiloa 200 slaves were dying every day; the mortality among this class had reduced their price to a dollar a head. An expedition of many men despatched by Dr KIRKE, with supplies for LIVINGSTONE was arrested by cholera, except very few having perished. The traveler was supposed to be at Ujiji, to which place it was hoped the cholera had not extended. But communication with the coast had been entirely suspended by the pestilence.

It would seem then that Dr. Livingstone may be in danger from cholera, even if he has escaped the other perils which it has been reported have overtaken him.

Professor Horsford's Preparations.

We have for sometime been using, in our family with great satisfaction, the dietetic preparations Prof. Horsford, manufactured at the Rumford Chemical Works, Providence, R. I. The distinguishing characteristic of nearly all these preparations is the part that the phosphates hold in them. They are recommended, and, we think, justly, as entirely free from any deleterious ingredients. They should be used in every family, and can be procured at moderate cost, from any respectable grocer.

Horsford's acid phosphate is a very nice preparation, where the practitioner wishes to avail himself of the therapeutic action of phosphoric acid, a remedy that should be much more generally used than it is.

Correspondence.

DOMESTIC.

Version.

EDS. MED. & SURG. REPORTER :

I can not agree with the report of Dr. C. C. HILBERTH, in the REPORTER, (No. 680) when he says, "The cephalic version is by far the safest operation, both to the mother and child," for the following reasons :

1. The comparative mortality of cephalic and podalic versions is not settled by the present experience and facts as all obstetricians of any experience know as most of the fatal cases (where we know the cause) are the result of other complications independent of version.

2. "Loss of the liquor amnii, hemorrhage, exhaustion, rupture of the uterus, inefficient pains, puerperal convulsions, where the forceps cannot be applied." Dr. H's exceptions are precisely the exceptions we all know that cover nine-tenths of the cases requiring version of any kind.

3. Cephalic version makes the fundus of the uterus the "point d'appui," and in the external and internal pressure required to return the arm and shoulder, more force is actually used than in the gradual introduction of the hand, and when in the process of rotating the child, the pressure in the cavity is constantly changing, and no one point furnishes resistance, and consequently there is less danger of rupture.

4. Chloroform [possibly the cause by suspension of circulation and "heart clot" of some of the sudden unexplained deaths that occur two or three days after a confinement]—is required by the increased time of manipulation, and the non-tolerance of the woman, far more in cephalic than in podalic version.

5. If it be Dr. Wright's experience "that it is never advisable to empty the uterus for the arrest of puerperal convulsions, if possible to avoid it," and that "cephalic version, aided if need be by the forceps, offers the best prospect for success," I think few physicians will agree with him, and all will say it is neither *safe* nor *possible* to avoid it.

6. If cephalic version is an unfinished operation, and as delay and exhaustion are the great dangers to be feared, Prof. Miller's objection holds good, and a woman should not suffer both version and forceps if it can be avoided,—nor in a nervous and worn-out condition be subject still to a regular completion of labor after an operation.

7. I admit that unusual circumstances, such as the desire to save the child in a primipara, or other reasons, may render cephalic version, in cases, to be

preferred, but as an axiom "the mother before the child," is the rule where there is a question of safety: and having performed version by the feet more than sixty times, with chloroform, and with but one death, (by uræmia,) we think it, until farther proof, the best method, in a very large majority of cases.

H. L. W. BURRITT, M. D.

Bridgeport, Conn.

Dislocation of the Hip in a Child.

EDS. MED. AND SURG. REPORTER :

Knowing the dislocation of the hip joint to be of very rare occurrence in children, I thought I would send you an account of a case which came under my care on the 26th of December, 1869.

The patient was a boy nearly seven years old, and on the day previous was at play with his brothers and sisters, when falling down upon his knee, he was unable to get up again. At the time of the accident, the parents were absent from home, but on their arrival supposed it only a sprain, and treated it accordingly. As the child did not rest or sleep any through the night, I was sent for early in the morning.

Upon examination, I told them that instead of a sprain they had a dislocation of the hip-joint, which they could hardly think possible. The head of the femur was thrown backward and upward on the dorsal surface of the ilium.

I got in readiness what I thought I should need, and then proceeded to reduce the luxation by the method taught by Prof. Gunn,—Find out as near as you can the position of the limb at the time of the dislocation, then by getting it to the same position the reduction is easily accomplished. Following this plan I reduced the dislocation very easily; placed my little patient on his back, put a bandage around his hips and thighs so that he could not get it out of place, gave him a Dover's powder, and told him to keep quiet and go to sleep; gave instructions that he should be kept as quiet as possible; and as there was some swelling, ordered a water dressing with tincture of arnica. Saw him three times during the next ten days, at the end of which time, the swelling had subsided, and everything was doing as well as I could expect.

At the end of the next week he had improved so rapidly that I let them put on his clothes, and she sat up part of the time, but still keeping his knees tied together to avoid any accident.

I then gave them permission, in about ten days, to get a crutch for him, and by using care, let him go about the house. In six weeks he could walk about the house, and at the present time, nearly three months, you can scarcely tell that any accident had happened to him. From my reading on this subject, I think he has made a very rapid recovery.

S. J. STARR, M. D.

Ames, Iowa.

Iliac Passion Cured by Injections of Infusion of Tobacco.

EDS. MED. & SURG. REPORTER :

On Aug. 9th, 1864, I was sent for, in great haste, to see "little Tom" Parker, of Jefferson county, Georgia, but, being from home, I failed to see him till the next day. I found him suffering fearfully from what the old medical writers call *iliac passion*, i. e., a stricture of the ilio-cæcal valve, with intense pain and soreness of the ascending colon. (The cæcum became inflamed soon afterwards.) I instantly gave him 180 grains of calomel, as he had been vomiting a little, and the peristaltic motion of the bowels was beginning to be reversed, as is always the case in this affection. He retained this dose, into which I had mixed two drops of croton oil. But after the lapse of 4 or 5 hours, as his bowels were still unmoved, despite injections of warm water, and soft soap, and of boneset tea, and a hip-bath in this tea, I gave him another teaspoonful of calomel. He ejected this soon after he had swallowed it. I remained all night with him. On the morning of the 11th, finding his bowels still bound, and dissolution rapidly approaching, I gave him an injection, *per anum*, of strong tobacco tea. He passed it off immediately, and with it several hard lumps, supposed to be green peaches, which he had swallowed half chewed, and which had, doubtless brought on the attack. In about half an hour I repeated the injection, with like results, and again in about 10 minutes. He was now relieved of the pain and stricture, but was very pale, sick, and feeble, from the tobacco. A drink of strong pepper tea, however, revived him.

I now put him on *Hydr. cum creta*, every four hours; and by night he had two copious operations. Tobacco is the greatest relaxant of the system of which I have any knowledge; and there is positively no danger in its use. The system always recovers rapidly after it. This medicine is not the only one which will give quick and permanent relief in this dangerous affection; a drachm of soda, in solution, injected, and followed immediately by a corresponding solution of tartaric acid, will do it. This treatment will relieve *Intussusception* almost instantly; but the patient will be puffed like a bladder, very suddenly. No danger from this, however. This soda and tartaric acid treatment I learned from Dr. Tate, of West Point, Georgia.

WM. HAUSER, M. D.

Jefferson County, Ga.

Injury of Skull, Compression and Death.

EDS. MED. AND SURG. REPORTER :

On the morning of March 12, I was called to see a young man, who had received about an hour before, a blow upon the head with a spade. I found him sitting up, perfectly conscious, and in good

spirits. Upon examination I found that the spade had penetrated the left parietal bone, making a fissure wide enough to admit an ordinary probe, and about three inches in length. A small amount of cerebral substance had escaped from the wound. I removed what fragments of bone I could find, closed the external wound, and gave directions for the constant application of cold water to the head.

March 13.—Found my patient still in good spirits. Pulse and temperature good; said his head did not feel at all "sore." During the day without my consent he left the house, and walked about in the yard.

March 14.—Patient seemed to be doing well, though he would not talk to any one except myself. In the afternoon I discovered symptoms of a commencing encephalitis. I placed the patient upon the usual antiphlogistic treatment.

March 15.—My suspicions of inflammation were confirmed by a hot scalp, contracted pupils and feebly beating carotids. The condition of the pulse did not admit of venesection.

On the morning of March 16th, I had Dr. J. P. SMITH to see the case with me. To my surprise, the symptoms of inflammation had almost entirely disappeared, but there was unmistakable evidence of compression. Patient comatose, pupils now dilated. We opened the external wound and made an exploration for the purpose of ascertaining a what point along the wound the pressure existed, with a view of trephining. This we were unable to determine. We both believed the compression due to a clot, and our reasons for this conclusion will be apparent.

Patient died at 9 o'clock, P. M. On the following day I made a post mortem examination and found three triangular pieces of the internal table greatly depressed. The spade had penetrated the anterior lobe about half an inch. A fragment of bone nearly $\frac{1}{4}$ inch long was found buried in the brain. Pus was found covering entire surface of left hemisphere, though in but small quantity.

Query: Why were the symptoms of compression not manifested sooner? J. M. CARR, M. D.

Miccasukie, Fla.

Treatment of Tape-Worm.

EDS. MED. AND SURG. REPORTER :

I desire to add my testimony to the efficiency of oil of turpentine as an anthelmintic, in expelling *tænia solium*.

Mrs. J—, æt. 40, has been troubled with tape-worm for five years; although she was uncertain as to the nature of her trouble up to about one year and a half ago, when she commenced passing segments of the worm, and continued to pass them from ten to fifty joints at intervals, up to the time

she came under my treatment, about four weeks ago.

Having had no experience in the treatment of tape-worm, I was induced to try the oil of turpentine, it being recommended so highly by various writers in your excellent journal during the fall of 1869.

I ordered oil of turpentine one ounce in the morning, fasting, to be followed in two hours with one ounce of castor oil. That evening she passed six feet of the worm, and the next morning twelve feet, including the head; both pieces were dead; the portions she passed before taking the medicine always came away alive; she is now fleshing up, and says she feels like a different person.

She has been under treatment by several physicians during the past year, with what remedies I am unable to say.

A. H. UNDERWOOD, M. D.

London, Ohio.

NEWS AND MISCELLANY.

American Medical Association.

The following commutations have *thus far* been obtained:

Morgan Line of steamers (N. O.), will pass delegates for *one fare* the round trip; the Charleston & Savannah; Atlantic & Water Line, via Knoxville or Nashville & Louisville; Orange & Alexandria; South Carolina; North-Eastern; Short Line between Louisville & Cincinnati, Railroads will *return free* on certificate of Permanent Secretary.

The following issue excursion tickets the round trip:

N. J. Transportation Line \$10.70.
The Baltimore & Ohio, at *one fare*.
New York and Washington Air Line, one-third less.

Milwaukee & St. Paul,	one fare.
Milwaukee to Chicago,	do.
Louisville & Cincinnati,	do.
Louisville & Nashville,	do.
Mobile & Ohio,	do.
Mobile & Montgomery,	do.
Steamers of Mobile Trade Co.	do.
Memphis & Louisville,	do.
N. O., J. & G. N.,	do.
Tennessee & Virginia,	do.
Mississippi Central,	do.
Memphis & Charleston,	do.
Hannibal & St. Joseph,	do.
Boston to New York, at \$7.	
Louisville & Cincinnati Steamers, \$5, including meals and rooms.	

Philadelphia, Washington, & Baltimore, to Washington and back for \$6.50.

The delegates from New Orleans will leave at 5 p. m., by special sleeping car on Thursday, April 28, via N. O., J. & G. N., R. R., Miss. Central, Memphis & Charleston, Tenn. & Va. R. R., arriving at Washington on Sunday. The party to consist of not less than twenty-five persons, including families of delegates, and to return by same route. The fare to be \$55, ticket good to New York, with coupon for return within 30 days.

A second party, not less than 25, may travel via Chicago, the Lakes, New York and Philadelphia, upon the same terms as above.

WM. B. ATKINSON,
Permanent Secretary.

Philadelphia, April 21, 1870,

—It is proposed by certain benevolent persons in the city of New York, to establish an Orphan Asylum and Hospital for the diseases of women and children, at Ningpo, China, under the care of D. B. McCartee, M. D., who has for twenty-six years been a medical missionary of the Presbyterian Board.

—DR. FRED. HORNER, Jr., an Alumnus of the Medical Dep't of the University of Virginia, has been authorized to attend the National Convention for the revision of the Pharmacopœia, as a delegate from the University of Virginia.

—The Professorship of Medical Jurisprudence in the Royal College of Surgeons, Ireland, is vacant by the death of Dr. Geoghegan.

—Professor Ferdinand Mayer of the New York College of Pharmacy disappeared December 27th, and has not since been heard from. He had previously shown signs of insanity.

—Our friend Dr. B. M. COLLINS, of Penn's Park, Pa., has purchased the farm of Gilson R. Whaley, located between Vienna station and Fairfax Court House, Va.

QUERIES AND REPLIES.

Special Request for Advice.

Messrs Editors:—I have been called to see the following case: Mr. —, age 20, young man of medium height, light skin, blue eyes, intellect well cultivated. Some months since began to complain of pain in the head with intolerance of light; is greatly distressed by noise in the room; slight cough, and quite imperfect digestion; urine variable in quantity, but no departure from the normal standard sufficient to attract attention. One physician called in pronounced the case one of phthisis; another of dyspepsia; another, in spite of the protest of the patient, said involuntary seminal emissions. When I first saw the case, I found upon examining the spinal column, the third and fourth dorsal vertebrae had the spinous processes thrown to one side three fourths of an inch; tenderness along the spine from there down to the sacrum; urine high colored, specific gravity one hundred and twenty-reddens litmus; under microscope gives copious mucus and some pus globules; respiratory murmur normal; no cough; digestion quite imperfect; peristaltic action of bowels deficient. Patient slowly improving under the use of iodide and bromide of potassium, syrup buchu, and

